



Perinatal Mental Health Learning Community

Webinar December 17, 2020 12 – 1 p.m.

Supporting Patients with Perinatal Loss

Guest Speaker: Marissa Long, MAOB, Psy.D.,
Reproductive Psychologist, ARC Counseling and Wellness



Housekeeping

- Everyone is automatically muted upon entry.
- Raise your hand if you'd like to be unmuted.
- Use “Chat” interact with “all panelists” or “all panelists and attendees”.
- Use Q&A to ask organizers or speakers questions.

Our Team



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Program Website

<https://www.hqinstitute.org/post/perinatal-mental-health-learning-community>



Hospital Quality Institute

About HQI

Programs

The Quality Quarterly

Education

Perinatal Mental Health Learning Community

Feb. 2020 – Dec. 2021



The Perinatal Mental Health (PMH) Learning Community provides California hospitals with education, technical assistance, and peer support to strengthen perinatal mental health. The program assists hospitals to comply with Assembly Bill 3032, the Maternal Mental Health Conditions law. The program is administered by HQI, funded by California HealthCare Foundation and delivered in collaboration with Maternal Mental Health NOW and CommonSpirit Health.

Program at a Glance

Webinars

Group Office Hours

Online Resources for Hospitals

Peer Sharing

1:1 Coaching

Participating Hospitals

Enroll

Contact

FAQs



Hospital Quality Institute

Timeline – Perinatal Mental Health Learning Community



Education and Technical Assistance (Feb '20 - Dec '21)

- Webinars (2020: Feb, Apr, Jun, Aug, Oct, Dec; 2021: Feb, Apr, Jun, Aug, Oct, Dec)
- Group Office Hours (2020: Mar, May, Jul, Sept, Nov; 2021: Jan, Mar, May, Jul, Sept, Nov)
 - 1:1 Technical Assistance (on demand)
 - In-Person Regional Events (Nov '20)

TODAY

Training Tools and Resources (Apr '20 – Dec '21)

- E-learning module and quick reference guide for staff
 - E-learning module for patients
 - Brochure template

Case Studies Developed

Case Studies Available

AB-3032: Hospitals Maternal Mental Health Act

- It requires all birthing hospitals in California to provide education and information to postpartum people and their families about maternal mental health conditions, post-hospital treatment options, and community resources.
- All regular staff in labor and delivery departments (e.g. registered nurses and social workers) must receive education and information about maternal mental health disorders.
- Hospitals can offer additional services to ensure optimal care.

Law became effective on January 1, 2020.

Focus for December and January: Perinatal Loss

Learning Objectives:

- Deepen the participants' understanding of perinatal loss; including miscarriage, loss of pregnancy and loss of infant.
- Provide practical knowledge and skills needed for hospital staff to support patients in the event of perinatal loss.

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Reproductive Psychologist
ARC Counseling and Wellness

Supporting Patients With Perinatal Loss

How Hospital Staff Can Make a Difference

Marissa Long, MAOB, Psy.D.

Reproductive Psychologist
ARC Counseling and Wellness

Perinatal Loss



Dr. Marissa Long

There is no loss quite like perinatal loss where that which you have been told your whole life you are supposed to have, is suddenly gone and you are left within a society that has no idea how to comfort or create a safe space for you.

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Miscarriage

- ❖ Occurs within the first 20 weeks
- ❖ 10-15% of pregnancies end in miscarriage (known)
- ❖ Most occur within 1st trimester
- ❖ Generally requires a D& C and may require medication

Pregnancy Loss

- ❖ Generally covers any loss during a pregnancy
- ❖ More specifically identifies loss that occurs between 20 weeks and birth (stillbirth)
- ❖ ¼ of pregnancies end in loss
- ❖ Requires the baby to be delivered naturally or via induction, generally within 48 hours

Infant Loss

- ❖ Neonatal loss: 1st 28 days; <1% in the U.S.; highest occurrence for Non-Hispanic Black
 - ❖ Most common causes are birth defects, low birthweight & premature birth
- ❖ May occur in the hospital or at home within the first year of life

- ❖ Repeat or recurrent loss
- ❖ Abortion
- ❖ Selective reduction

JoJo's Story

- ❖ JoJo and her husband easily conceived their third child as they had their first two and were moving through pregnancy.
- ❖ At 17 weeks, JoJo noticed that she was bleeding when she went to the bathroom & ultimately passed what she understood to be fetal tissue which she gathered and took to the doctor
- ❖ The doctor told them that she had miscarried and might continue to have some bleeding for another week or so
- ❖ After returning home, JoJo and her husband were figuring out how to tell their other children
- ❖ Within days, JoJo was in the hospital hemorrhaging and required a blood transfusion and nearly died. Soon thereafter she spiked a fever and it became clear that she had an infection and had to be treated for that as well
- ❖ The couple decided to have their baby cremated and preserved the ashes
- ❖ After a great deal of time and thought, they decided to put the ashes into a teddy bear that they could keep in their home and this has given them and their children great comfort
- ❖ This loss threw JoJo into depression with suicidal ideation which is when she sought support, she reported that not one provider had suggested that they seek any form of support or follow up after their loss and trauma
- ❖ The couple got pregnant again (by accident) a year later and faced their fears together
- ❖ This pregnancy also ended in miscarriage

Experiences of Perinatal Loss

“The majority of families told us that around the time of their loss, they felt they were not adequately informed, supported and cared for by healthcare professionals, and that their healthcare provider lacked the skills needed to care for them. Almost half of respondents reported experiencing stigma from providers, exacerbating their experience of loss. Positive encounters with care providers were marked by timely, individualized, and compassionate care.” 1

“The ER nurse told me ‘Get control of yourself or I won’t talk to you... If you want to see someone you’ll have to wait.’ I went into the ER bathroom and ended up miscarrying there. It was unbelievably awful...I felt judged, ignored, and discarded.”

Dr. Marissa Long

“They left it on the floor and other nurses were saying ‘ewww what’s that’...then I heard them say ‘throw it away’... my dearly loved child ... I cry as I think about it”.

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Keep In Mind

Perinatal Loss is Not a Routine Event. It is a tragic and life altering loss that will be felt forever.

You have an opportunity to bring comfort on the worst day of people's life.

A Assess & Acknowledge

T Timely intervention

I Inform & instruct

S Support

S Stigma free

U Understanding

E Educate & empower



Dr. Marissa Long

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ASSESS & ACKNOWLEDGE

- ❖ Check the chart or room indicator: Sticker or other indication of loss
- ❖ Check the environment and appropriateness of disclosing information- confidential, quiet
- ❖ Assess the patients knowledge and their ability to accept and understand the information
- ❖ Acknowledge and validate the loss and grief empathetically and respectfully

TIMELY

- ❖ Attend to the patient promptly- Avoid the impact of a busy unit causing greater harm

INFORM & INSTRUCT

- ❖ Clearly communicate what has happened and what will be happening next- timeframes, procedures etc.
- ❖ Concisely provide instructions and options in verbal and written form
- ❖ Use client centered language and avoid medical jargon when possible

STIGMA FREE

- ❖ Be aware that patients experience grief in culturally and religiously informed ways; avoid making assumptions
- ❖ Heteronormativity can increase isolation during grief

SUPPORT

- ❖ Listen, speak and engage with sensitivity- Convey empathy with words or gestures (offer but don't force touch)
- ❖ Allow time to the family to grieve during and after information- time for feelings or tears may be necessary

UNDERSTANDING

- ❖ Gently ensure that the family is clearly taking in all of the information that they need to walk away with

EDUCATE & EMPOWER

- ❖ Ensure that before discharge: The family understands what bereavement may entail (phases of and common responses to grief), has access to specialized local and online resources, and a list of symptoms or experiences that may require medical or psychological attention
- ❖ Encourage the family to make all follow up appointments and access mental health support early

What To Say

- ❖ I'm so sorry this is happening
- ❖ I wish you weren't going through this
- ❖ I'm here to help you at this very difficult time
- ❖ How are you doing with all of this?
- ❖ Is there someone I can reach out to for you?
- ❖ Do you have a faith or practice that would be helpful at this time?
- ❖ Can you share about what happened today?
- ❖ What is the hardest part of this for you
- ❖ What can I do for you right now?
- ❖ I'm here for you and I want to listen
- ❖ Do you have any questions?
- ❖ We can talk again later

Dr. Marissa Long

What Not To Say

- ❖ They're in a better place now
- ❖ This happened for the best
- ❖ It could be worse
- ❖ You can have more children
- ❖ You'll feel better soon
- ❖ Pregnancy loss is common
- ❖ You have an angel in heaven
- ❖ It was not meant to be
- ❖ Over time you will forget your baby
- ❖ I don't have time right now
- ❖ You must be/feel _____
- ❖ It's better this way because the fetus had defects

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What To Do

- ❖ Introduce yourself and say what you're doing
- ❖ Acknowledge the patients' loss and related feelings
- ❖ Listen empathetically
- ❖ Answer questions honestly
- ❖ Provide written information and discuss it
- ❖ Allow time for discussion and support
- ❖ Offer to connect the patient with resources
- ❖ Use the terms that the patients use
- ❖ Recognize that the patient may want to name the baby
- ❖ Use client centered and straightforward language
- ❖ Express comfort with patients' emotions
- ❖ Encourage access to spiritual or other support

What Not To Do

- ❖ Do not forget to review the patient's chart
- ❖ Do not avoid questions
- ❖ Do not discard the baby or tissue without checking with the patient/family
- ❖ Do not argue with patients and their families
- ❖ Do not force patients to do anything
- ❖ Do not forget to support partners/relatives
- ❖ Do not use medical jargon
- ❖ Do not make their experience about you
- ❖ Do not call the baby a "fetus" or "it"
- ❖ Do not refer the patient to services /providers who are unfamiliar with perinatal health

Resources

ONLINE RESOURCES- Patients

- ❖ Postpartum Support International: www.postpartum.net
- ❖ Grief Share: www.griefshare.org
- ❖ Silent Grief: www.silentgrief.com
- ❖ Miss Foundation: www.missfoundation.org
- ❖ Maternal Mental Health Now: www.maternalmentalhealthnow.org

ONLINE RESOURCES- Providers

- ❖ The Centering Corporation: www.centering.org
- ❖ PLIDA: www.plida.org

BOOKS- Patients

- ❖ Empty Arms by Sheroke Ilse
- ❖ A Silent Sorrow by Ingrid Kohn
- ❖ Healing After Loss by Martha Whitmore Hickman
- ❖ A Guide For Fathers: When A Baby Dies by Tim Nelson
- ❖ Beyond Tears: Living After Losing A Child by Ellen Mitchell

Maggie's Story

- ❖ A physician who suffered her own perinatal loss 18 months earlier
- ❖ Began therapy after observing and supporting a series of patients through their own losses
- ❖ She had never given herself time to grieve her own loss so each patient loss since was a major trigger
- ❖ Therapy helped her address her own grief
- ❖ She began to engage with her patients with more compassion & attend to their psychological needs with assessments and referrals



You have a unique opportunity to offer hope and empathetic care but you have to give the same to yourself.

Know Your Own Capacity & Access Support

Be on the lookout for:

- ❖ Compassion fatigue
- ❖ Burnout
- ❖ Vicarious trauma
- ❖ Personal Triggers
- ❖ Your own mood



Available support:

- ❖ Seek support groups
- ❖ Access individual therapy
- ❖ Practice self-care
- ❖ Debrief with providers
- ❖ Take regular breaks

Important Considerations

Does your hospital have loss procedures in place?

- Bereavement checklist
- Screening measures
 - Brochures
- Referral resources

Differentiating between grief and Perinatal Mood and Anxiety Disorders

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ DATE: _____

Read the list of 9 common thoughts/feelings below. Mark how often you have been bothered by each of these things in the last 2 weeks.

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble sleeping or sleeping too much	0	1	2	3
4. Feeling tired or having less energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling that you are not the same person	0	1	2	3
7. Trouble concentrating, such as making decisions or remembering things	0	1	2	3
8. Thinking or feeling that you are a burden on others	0	1	2	3
9. Thoughts of harming yourself or others, or thoughts of suicide	0	1	2	3

PHQ-9 score: _____

Interpretation: The score ranges from 0 to 27. A score of 0-4 indicates no or minimal symptoms. A score of 5-9 indicates mild symptoms. A score of 10-14 indicates moderate symptoms. A score of 15-19 indicates moderately severe symptoms. A score of 20-27 indicates severe symptoms.

Bereavement Support Care Package



Maternal Health
SPARK UP YOUR
YOUTH CARE.

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References

1. Watson, J., Simmonds, A., La Fontaine, M. *et al.* Pregnancy and infant loss: a survey of families' experiences in Ontario Canada. *BMC Pregnancy Childbirth* **19**, 129 (2019). <https://doi.org/10.1186/s12884-019-2270-2>
2. Wings D. Grief Following Perinatal Loss and the Impact of Hospital Based Support Service. [Atlanta, GA]: Georgia State University; 2002.
3. National Perinatal Association (NPA). Interdisciplinary Guidelines for Care of Women Presenting to the Emergency Department with Pregnancy Loss [Internet]. Lonedell, MO: NPA; 2016. Available from: http://plida.org/wp-content/uploads/2012/01/INPA-Guidelines-on-Pregnancy-Loss-inED_FINAL_9.11.16.pdf
4. Johnson O, Langford RW. Proof of Life: A Protocol for Pregnant Women Who Experience Pre-20- Week Perinatal Loss. *Crit Care Nurs Q*. 2010;33(3):204–211.
5. Stroebe M, Schut H, van den Bout J. Introduction. In: *Complicated Grief: Scientific Foundations for Health Care Professionals*. New York, NY: Routledge; 2012. p. 1–10.
6. Roehrs C, Masterson A, Alles R, Witt C, Rutt P. Caring for Families Coping With Perinatal Loss. *J Obstet Gynecol Neonatal Nurs*. 2008 Nov;37(6):631–9.
7. Evans R. Emotional care for women who experience miscarriage. *Nurs Stand R Coll Nurs G B* 1987. 2012 Jun 20;26(42):35–41.
8. Smart CJ, Smith BL. A transdisciplinary team approach to perinatal loss. *MCN Am J Matern Nurs*. 2013;38(2):110–114
9. Lim C, Cheng N. Clinician's role of psychological support in helping parents and families with pregnancy loss. *J Aust Tradit Med Soc*. 2011;17(4):215–7.
10. Engel J, Rempel L. Health Professionals' Practices and Attitudes About Miscarriage. *MCN Am J Matern Child Nurs*. 2016 Feb;41(1):51–7.

Questions



Coming Up

Jan 21: Group Office Hours (Noon – 1 pm)

Register on HQI website (<https://www.hqinstitute.org/pmh-learning-community>)



Program at a Glance	Webinars	Group Office Hours	Online Resources for Hospitals	Peer Sharing
1:1 Coaching	Participating Hospitals	Enroll	Contact	FAQs

Group Office Hours

Virtual opportunity for hospital participants to receive practical implementation advice from program faculty and experienced peers. Office hours are held in the alternate months between webinars.

✓ Upcoming Group Office Hours

- January 21, 2021
 - Noon – 1 pm, PST
 - [Click here to register](#)

January Group Office Hours will feature a learning community discussion on the topic of Supporting Patients with Perinatal Loss, which was started at the December 17 webinar. We will discuss ways that hospitals can support birthing people and their families during a difficult time of pregnancy or infant loss.

Feb 18: Next Webinar (Noon – 1 pm)

Webinar Evaluation

Polling questions:

- 1) Today's webinar was a good use of my time
(agree-disagree-unsure)
- 2) Today's webinar increased my confidence in my ability to support patients in the event of perinatal loss
(agree-disagree-unsure)

Open Text feedback – type into “Chat”:

What could have been done better or differently?